

Date: Monday, 11/21/2005 12:40:37 PM
 User: Linda Lacelle

Process Sheet

Customer : CU-DAR001 Dart Helicopters Services	Drawing Name : BEARING
Job Number : 24769	
Estimate Number : 10807	
P.O. Number : N/A	Part Number : D2611
This Issue : 11/21/2005 S.O. No. : N/A	Drawing Number : D2611 REV B
Prsht Rev. : NC	Project Number : N/A
First Issue : N/A Type : PURCHASED PARTS	Drawing Revision : B
Previous Run : N/A	Material : N/A
Written By : <u>See comment below</u>	Due Date : 11/30/2005
Checked & Approved By : <u>See comment below</u>	Qty: 50 Um: Each
Comment : Est Rev:B 99.06.23 Re-format DM	

Additional Product

Job Number:



Seq. #:	Machine Or Operation:	Description :
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1.0	PG	PURCHASING
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**Comment:** PURCHASINGIssue P/O: 141

Purchase part as per Dwg D2611

Possible supplier: Alinabal,

P/N: CBA-6-B2

Material release note required

u 05-11-22

2.0	D2611	Bearing
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Comment: Qty.: 1.0000 Each(s)/Unit Total : 50.0000 Each(s)
 Bearing

3.0	PACKAGING 1	PACKAGING RESOURCE #1
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**Comment:** PACKAGING RESOURCE #1

Receive & Inspect For Transit Damage

Ensure certificate of conformity is attached

u 5/12/09

4.0	QC6	DIMENSIONAL CHECK
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**Comment:** DIMENSIONAL CHECK

05-12-13

5.0	PACKAGING 1	PACKAGING RESOURCE #1
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**Comment:** PACKAGING RESOURCE #1

Identify and Stock

Location: 48

u 5/12/13

(50)

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes ☐ No ☒ DQA: 29 Date: 05/12/14
 QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Date: Monday, 11/21/2005 12:40:37 PM
User: Linda Lacelle

Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: BEARING

Job Number: 24769

Part Number: D2611

Job Number:



Seq. #:

Machine Or Operation:

Description :

6.0

DC

DOCUMENT CONTROL



Comment: DOCUMENT CONTROL

Inspection Level 21

SUR 05/12/14

(50)

P 05/12/14

Job Completion



Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Job Costing Report

Dart Aerospace Ltd.
Hawkesbury

Nov 17, 2005
03:30 pm

Work Order No : 0024769
Project Name : D2611
Project For : WK548
Work Order Type : Main
Main WO Number :
House Part Number : D2611
Description : Bearing
Manufactured : Yes
Amount Req'd : 50
Amount Done : 0
Start Date : 11-17-05
Est Finish Date : 11-30-05
Act Finish Date :
Drawings Req'd : No
Ok for Approval :
Approval Rec'd :

Department Code:
Burden Flags : NNNNNNN
WO Status : Open
Invoice State : Not Invoiced
Invoice Date :
Invoice Number :
Invoice Amount : 0.00
Order Entry No :
OE Value : 0.00
Est Margin : 0.000%
Actual Margin : 0.000%
\$0 Posted to Finished Goods

	Estimated	Actual	Var. %	Posted	To Post
Material Cost :	0.00	0.00	0.00	0.00	0.00
Engineering Hours :	0.00	0.00	0.00		
Engineering Cost :	0.00	0.00	0.00	0.00	0.00
Production Hours :	0.00	0.00	0.00		
Production Cost :	0.00	0.00	0.00	0.00	0.00
Packaging Hours :	0.00	0.00	0.00		
Packaging Cost :	0.00	0.00	0.00	0.00	0.00
OverHead Hours :	0.00	0.00	0.00		
OverHead Cost :	0.00	0.00	0.00	0.00	0.00
CNC Hours :	0.00	0.00	0.00		
CNC :	0.00	0.00	0.00	0.00	0.00
Misc. Hours :	0.00	0.00	0.00		
Misc. :	0.00	0.00	0.00	0.00	0.00
Burden :	0.00	0.00	0.00		
Total Cost :	0.00	0.00	0.00		
Margin :	0.000	0.000			
Selling Cost :	0.00	0.00			

	Estimated	Actual
Labour Hrs/Amount Done :	0.00	0.00
Profits/(Loss) :	0.00	0.00

CERTIFICATE OF COMPLIANCE

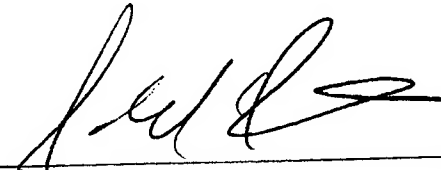
Attention: Quality Control Manager

Alinabal Part Number: CBA 6 B2

Customer Part Number: D2611

Customer P.O. Number: D009370

We certify that all parts manufactured or supplied by this company on subject purchase order are of a good commercial quality and in accordance with applicable purchase order, drawings and specifications.



Ian McIntyre
Quality Engineer

12/5/05

Date

60 5/12/13

1. Vendor (Name and Address) Allnabal, Inc. 28 Woodmont Rd. Milford CT 06460		2. Date of Direct Shipment to Canada 12/5/05 3. Other References (Include Purchaser's Order no.) PO#PO00000141	
4. Consignee (Name and Address) DART AERO SPACE 1270 ABERDEEN STREET HAWKESBURY ONTARIO K6A 1K7 CANADA		5. Purchaser's Name and Address (If other than consignee)	
6. Country of Transhipment N/A	7. Country of Origin of Goods USA	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12	
8. Transportation: Give Mode and Place of Direct Shipment to Canada FEDEX GROUND MILEFORD CT		9. Conditions of Sale and Terms of Payment (ie Sale, Consignment Shipment, Leased Goods, etc.) NET 30	
10. Currency of Settlement USD		11. No. of Pkgs.	
12. Specification of Commodities (Kind of Packages, Marks and Numbers, General Description and Characteristics, ie, Grade, Quality) D 8485.90.90.00 Pt#CBA 6 B2, CUST P/N D2611, ROD ENDS 1 CARTON <i>65/12/08</i>		13. Quantity (State Unit) 50 EA	14. Unit Price \$ 4.73/pc.
15. Total Weight Net 2.5# Gross 3#		16. Selling Price \$ 236.50	
17. Invoice Total \$236.50		18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box: <input type="checkbox"/>	
19. Exporter's Name and Address (If other than Vendor)		20. Originator (Name and Address) N.B. CHASE ALINABAL, INC. 28 WOODMONT RD. MILEFORD CT 06460	
21. Departmental Ruling (If applicable)		22. If fields 23 to 25 are not applicable, check this box: <input checked="" type="checkbox"/>	
23. If included in field 17, indicate amount: (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada \$ _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada. \$ _____ (iii) Export packing \$ _____	24. If not included in field 17 indicate amount (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada \$ _____ (ii) Amounts for commissions other than buying commissions \$ _____ (iii) Export packing \$ _____	25. Check (if applicable): (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser. <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods. <input type="checkbox"/>	



PACKING SLIP

From Warehouse: MAIN

Page: 1

Packing Slip: 75445

From:

ALINABAL
28 WOODMONT ROAD
MILFORD CT 06460
USA
MTD SALES
(203) 877-3241

Bill To: D009370

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY ONT K6A 1K7
CANADA

Ship To: (1)

DART AERO SPACE
1270 ABERDEEN STREET
HAWKESBURY ONT K6A 1K7
CANADA

Order Contact:

Pack Date	Order#	Cust PO	Ship Via	Weight	Pkgs #
12/05/05	M036479	PO00000141	FEDEX GROUND	0.00	0
Line/Rel	Item	U/M	Qty Shipped		

1	30212000 CBA 6 B2	EA	50.000
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C/I: D2611
CUST PN D2611

